

Comparing Needs and Services for Intimate Partner Violence Victims in 2 Indiana Communities

**An Honors Thesis (HONR 499)**

by

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Signed

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### Abstract

The following research examines the needs and available services of IPV victims in two different Indiana counties (Delaware County and Elkhart County). The research studies theoretical frameworks for IPV and various needs of IPV victims. This study also explores service availability in these two communities. IPV victims may benefit from both direct and peripheral services, as well as crisis-intervention services and long-term services. This research found that while Delaware County must strengthen its ability to accommodate to an older population that suffers from more poverty and disabilities than Elkhart County and the general population, Elkhart County successfully tailors available services to its latino/hispanic and Amish populations.

### Acknowledgements

I would like to give a special thank you to my advisor, Matt Moore, for all of his patience, gentle critique, and positive attitude throughout the semester. When this completing this project seemed bleak, Matt's optimism, encouragement, and unwavering support always reminded me that I was capable of accomplishing this, and for that faith, I am extremely grateful.

### **Introduction**

Intimate Partner Violence (IPV) (also known as domestic violence) is a prevalent issue all across the United States. 1 in 3 women and 1 in 4 men in the United States have been victims of IPV at some point within their lifetime (National Coalition Against Domestic Violence, n.d.). During one year, more than 10 million women and men become victims of physical violence at the hands of an intimate partner (National Coalition Against Domestic Violence, n.d.). In Indiana alone, in 2015, 9,854 men, women, and children stayed in a domestic violence shelter to seek salvation from an abuser, while 18,810 people received non-residential domestic violence services (Indiana Coalition Against Domestic Violence, 2015). In this same year in Indiana, 13,894 individual were denied shelter services, due to lack of room (Indiana Coalition Against Domestic Violence, 2015).

IPV is a widespread issue, and Indiana is not immune. While it may be easy to generalize and stereotype IPV victims, not all victims are the same. Not all victims have the same needs and, therefore, all victims need and utilize different services. While no two individuals are exactly alike, specific needs are influenced by many factors, including gender, age, race, socioeconomic status, mental health status, physical health status, education, and many others. The following review examines two Indiana counties: Delaware County and Elkhart County, and how the needs of IPV victims in these counties differ. Additionally, this review examines how those differing needs lead to differing services among these two counties. In order to fully understand the needs and necessary services of IPV victims, we must first discuss what IPV is and how it is theoretically explained.

### **Theories Explaining Domestic Violence**

One way to examine the most basic needs for domestic violence victims is to discuss possible causes of and explanations for domestic violence. Three common theories used to help explain domestic violence are the Duluth Model, the Cycle of Violence, and the Family Systems Theory (Burge et al., 2016). Each of these models takes a different approach to help explain the process of domestic violence.

#### **The Duluth Model**

The Duluth Model, also known as the power and control wheel, describes different ways in which abusers may have power over their victims. The wheel is split into eight sections, describing eight utilizations of power. These utilizations are: Using Intimidation; Using Emotional Abuse; Using Isolation; Minimizing, Denying, and Blaming; Using Children; Using Male Privilege; Using Economic Abuse and; Using Coercion and Threats (Domestic Abuse Intervention Programs, n.d.). See Figure A for a copy of the power and control wheel. The Duluth Model views physical violence as just one aspect of a constantly abusive and controlling relationship.

**Using intimidation.** When an abuser uses intimidation, they instill fear into their victim through various ways. This may include breaking things, abusing the victim's pets, and displaying weapons (Domestic Abuse Intervention Programs, n.d.).

**Using emotional abuse.** Emotional abuse involves breaking the victim down in various ways. This may include insulting the victims, making them feel irrational or guilty about things beyond their control, and playing mind games (Domestic Abuse Intervention Programs, n.d.). Emotional abuse also includes giving the victim the silent treatment. This type of abuse works to break down the victim emotionally, making them feel weak and powerless.



**Using isolation.** When using isolation, the abuser is attempting to control every aspect of the victim's life. The abuser will also limit a victim's outside involvement and use the abuser's own jealousy to justify these actions (Domestic Abuse Intervention Programs, n.d.).

**Minimizing, denying and blaming.** With this type of abuse, the abuser makes light of the abuse, claims that the abuse is not an issue, and blames the victim for the abuse (Domestic Abuse Intervention Programs, n.d.). This type of abuse can lead to a victim facing guilt and denial.

**Using children.** When using children as a form of abuse, abusers use children to make victims feel guilty about their own actions and behaviors, may use child visitation as an excuse to harass the victim, and may even threaten to take a victim's children away (Domestic Abuse Intervention Programs, n.d.).

**Using male privilege.** When using male privilege, abusers may make all of the major decisions in the relationship, define the roles in the relationship, and may even boss the victim around (Domestic Abuse Intervention Programs, n.d.).

**Using economic abuse.** When using this type of abuse, abusers control all or most of the money in the relationship. Abusers may accomplish this by preventing their victim from getting their own job, forcing the victim to ask the abuser for money, and taking money that the victim has earned (Domestic Abuse Intervention Programs, n.d.).

**Using coercion and threats.** When using coercion and threats, the abuser makes threats, both violent and non-violent. These may be to hurt or kill the victim, to leave the victim, to commit suicide, or to report the victim to some sort of authority (such as immigration, child protective services, or the police) (Domestic Abuse Intervention Programs, n.d.). These threats are often made in order to have the victim do something specific for the abuser.

Figure A.

*Power and Control Wheel*

DOMESTIC ABUSE INTERVENTION PROJECT

202 East Superior Street  
 Duluth, Minnesota 55802  
 218-722-2781  
[www.duluth-model.org](http://www.duluth-model.org)

### **The Cycle of Violence**

The Cycle of Violence (see Figure B) views intimate partner violence as a predictable cycle of events. The Cycle of Violence helps to explain the follow-up and fallout to a violent outburst, and consists of three stages. These stages are tension building, explosion, and the honeymoon phase (Walker, 1979).

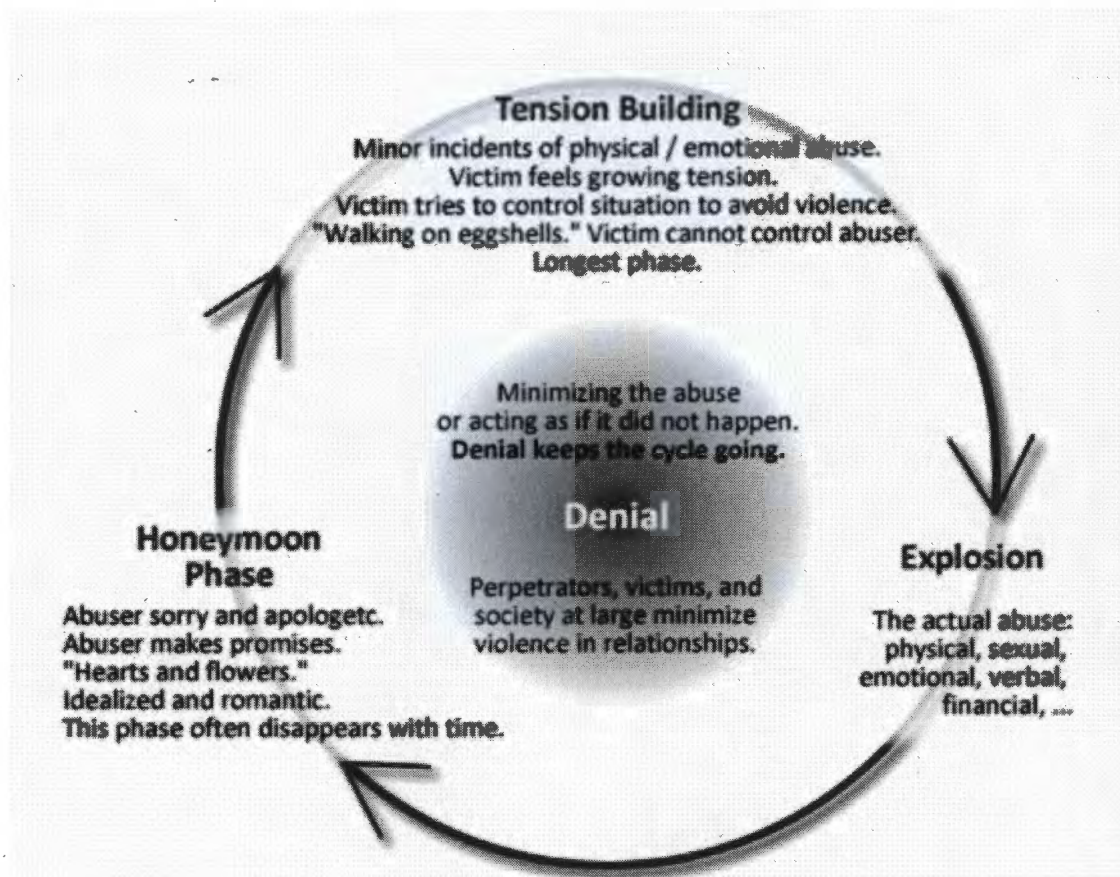
**The tension building stage.** The tension building stage involves minor incidents of emotional abuse. The victim may try to take control of the situation during this phase. The victim may also feel as if he/she is “walking on eggshells” around their partner, trying not to do anything that would upset their partner. The tension building stage is the longest stage in the cycle of violence (Walker, 1979).

**The explosion stage.** The second stage in the Cycle of Violence is the explosion stage. This is the stage that most people most closely associate with “abuse.” This is when the actual incident of abuse occurs. While the “explosion” is commonly thought to be an outburst of physical abuse, it may also be emotional, sexual, financial, or any other type of abuse. The explosion stage is the shortest stage in the Cycle of Violence (Walker, 1979).

**The honeymoon phase.** The third stage in the Cycle of Violence is the honeymoon phase. During this stage, the abuser is very apologetic and overly sweet to the abused partner. During this stage, the abuser often searches for forgiveness and insists that he/she will change and that they will not have another violent outburst. This stage often becomes shorter over time, as the abuse worsens, and may eventually disappear from the cycle altogether (Walker, 1979).



Figure B.

*Cycle of Violence***Family Systems Theory**

Family Systems Theory suggests that families exist as one emotional unit and all members of a family are so interconnected that the change in one family member's functioning is followed by a change in the functioning of all members of the system (Bowen, 1966). This theory views IPV as an "ongoing interaction pattern resistant to change" (Burge et al., 2016, p. 5). IPV may create a vicious cycle in the family. When an abuser has an outburst against a victim, the victim may forgive him/her for the violence, which, at first, strengthens their bond as

a family (Burge et al., 2016). When the abuser first abuses the victim, however, a line is crossed in the relationship that has never been crossed before. After the first episode of violence, the abuser finds it easier to continue the behavior, and eventually becomes desensitized to his/her own actions (Katerndahl, Burge, Ferrer, Becho, & Wood, 2010). The victim becomes desensitized to the violence as well, forcing the abuser to increase the intensity of the violence in order to solicit the desired reaction from the victim (Katerndahl et al., 2010). Similar to the Cycle of Violence theory, this theory, in regards to IPV, suggests that the violent outbursts in the relationship increase in intensity over time. Family systems theory consists of three main concepts: family homeostasis, family rules, and content and process levels of family interactions (Hepworth, Rooney, Rooney, & Strom-Gottfried, 2013). Each of these concepts can contribute to the explanation of IPV by means of the Family Systems Theory.

**Family homeostasis.** Homeostasis is a concept that suggests that when a family is faced with a disruption, they will try to regulate this disruption, to maintain balance and normalcy in the family (Hepworth et al., 2013). This helps to explain different aspects of IPV. For example, victims of IPV are often hesitant to seek help because they believe that things will change, and they often do not want to admit that anything in their relationship is wrong (Wolf, Ly, Hobart, & Kernic, 2003). The victim will attempt to keep the family together and convince him/herself that there are no problems to address, in order to maintain balance in the family.

An opposite reaction to IPV explained by family homeostasis is mutual partner violence. When one partner engages in violent behavior against the other, the victim may retaliate and become violent as well (Caetano, Vaeth, & Ramisetty-Mikler, 2008). This reaction of violence may be because the victim is trying to maintain a balance of power and control in their



relationship, so they may think that if their partner is being physically violent toward them, they must respond in a similar way to maintain that balance.

**Family rules.** Family rules act as a behavioral guide for family members (Hepworth et al., 2013). Family rules may be agreed upon norms or guidelines, or they may be rigid rules that must be explicitly stated. These rules can contribute to IPV in families and relationships. Rules that suggest some sort of power imbalance between partners may contribute to IPV. For example, if one partner is always in charge of disciplining the children or one partner has the final say in all financial decisions, a power imbalance results, leading to the opportunity for one partner to exhibit power and control over the other. As the Duluth Model explains, physical violence is just one expression of this power and control (Domestic Abuse Intervention Programs, n.d.).

**Content and process levels of family interactions.** In all families, each member may find themselves playing a particular “role” when interacting with others (Hepworth et al., 2013). Much can be said about a family by examining their interactions with each other and others, and examining the roles that different members of each family play. Like with the concept of rules, different family interactions contribute to the power and control between members. For example, one member of family may take on a leadership role, and this person likely possesses more power and control in the relationship. As previously mentioned, this imbalance of power and control may lead the more powerful partner to take advantage of his/her role, resulting in IPV.

### **How these Theories Affect Intervention**

Although there are multiple theories to explain how IPV occurs, no one theory is generally seen as “better” than the others. This is because IPV occurs in many ways, and certain

theories may better apply to particular relationships. Differing theories may also better explain IPV at different stages in the same relationship (Burge et al., 2016).

The Cycle of Violence presents IPV as something that occurs in predictable cycles. While the cycle may more or less change over time, the cycle itself still remains consistent. Some abusive relationships may display some of these signs of predictability in violent outbursts, and, therefore, may best be explained by the Cycle of Violence theory. Because the Cycle of Violence theory presents a sort of methodological “equation” for IPV, most relationships affected by predictable cycles of violence may benefit from traditional intervention strategies, such as batterer’s intervention programs or counseling (Burge et al., 2016).

The Family Systems Theory views violent outbursts as an ongoing pattern that is resistant to change (Burge et al., 2016). While still occurring in a pattern, Family Systems Theory, unlike The Cycle of Violence theory, suggests that the violence itself is unpredictable, but is led up to by predictable behaviors (for example, when the abusive partner consumes alcohol) (Burge et al., 2016). Relationships that experience abuse that closely follows this theory may benefit most from resolving the behaviors that lead up to violence. For example, if alcohol consumption by the abuser predictably leads to abuse, alcohol rehabilitation for the abuser may be the most effective intervention for the couple.

The Duluth Model suggests that IPV does not follow any sort of predictable pattern. The Duluth Model suggests that power, control, and abuse are a constant force in the relationship and that violent outbursts are just one aspect of that force (Burge et al., 2016). In relationships that are best explained by this theory, violent outbursts are unpredictable and not brought about by any one repeated event. Because the abuse is constant and the violence is unpredictable in these types of relationships, an effective intervention for the relationship is difficult to find, and the

best course of action for the couple may simply be to terminate the constantly abusive relationship (Burge et al., 2016).

All three of these concepts work interconnectedly to explain the full breadth of IPV. The Family Systems Theory explains the different aspects of a family that may contribute to IPV, such as a desire to maintain balance and power imbalances between partners. The Duluth Model explains how these aspects of the family play out and are exemplified in an abusive relationship. The Cycle of Violence then describes the progression of violence and abuse in these relationships, and how and when these aspects of power, control, and abuse come to light in an abusive relationship. Here is one example of how all of these concepts relate to explain IPV: if only one partner in a relationship is employed, a power imbalance may be created in the relationship, because only one partner is providing financially. This partner may feel entitled to the final say in all financial decisions because he/she is the only partner earning the money. This role may then transform into the partner believing that they should control their partner's money as well. Even if the non-earning partner later gets a job, the more "powerful" partner may still maintain this control over the other because of the family roles that have been established. This exhibition of power and control over the other partner may lead to arguments, fights, and, eventually, physical abuse between the two partners, contributing to the Cycle of Violence.

### **Needs of IPV Victims**

Victims of IPV, whether they have left or are still in their relationship, face many different needs. Some of these needs are long-term and some are short-term (Dichter & Rhodes, 2011). Long-term needs may include counseling or childcare. Short-term needs may include domestic violence shelter services or legal services. Both of these types of needs may be met by



services directly aimed toward domestic violence victims, such as domestic violence shelters, or peripheral services, such as counseling, public assistance services, or medical care services.

### **Short-Term Needs**

Short term needs for IPV victims include crisis intervention strategies, which are often provided by domestic violence shelters. Many IPV victims face homelessness when leaving their abusers (Netto, Pawson, & Sharp, 2009) and domestic violence shelters provide them with a temporary place for them and their children to stay. In 2005, 50% of US cities surveyed reported IPV as a primary cause of homelessness (ACLU Foundation Women's Rights Project, n.d.). Many shelters assist clients with other short-term needs while they are staying, such as domestic violence counseling, job searching, and legal advocacy. While domestic violence shelters are often the primary short-term need for IPV victims, many other short term needs exist as well.

**Law enforcement.** One short-term service that is utilized by IPV victims that is not provided by domestic violence shelters is law enforcement services. While, in theory, law enforcement is available to all IPV victims, many are hesitant to utilize this resource. Underreporting of IPV to the police is a very serious issue and can make understanding the full impact of IPV very difficult. IPV incidents reported to law enforcement may represent anywhere from 2% to 52% of all IPV incidents (Wolf et al., 2003). There are many possible explanations for why IPV is so underreported to law enforcement, and reasons may depend on each victim's thoughts, feelings, and particular situation.

Reasons that victims may not report IPV to police include: a perception that the abuse must be physical and have proof; a feeling of invasiveness when reporting rape and/or injuries to private parts of the body; certain cultural attitudes that may downplay IPV or discourage police involvement in one's personal life; a victim's psychological or emotional state of mind (i.e.,

believing that he/she deserved to be abused or believing that actual abuse did not occur); economic dependence on the abusive partner; physically being unable to contact the police at the time of the incident; fear that the victim's sexual orientation may be used against them by the police; past experiences with the police in which the abuser was not arrested; past experiences with the police in which the victim was mistaken for the batterer; past experiences with the police in which the victim felt they were not listened to or that their situation was trivialized by the police; past experiences with the police in which the abuser seemed to manipulate and bond with the police; past experiences with the police in which the victim felt that they were discriminated against due to their race, socioeconomic status, and/or sexual orientation; past experiences with police in which officers did not/could not speak with the victim, due to a language barrier; a fear that the abuser will face minimal or no punishment from the criminal justice system; fear of retaliation from the abuser if the victim were to contact the police; and fear that Child Protective Services (CPS) will remove their children (Wolf et al., 2003). Dichter and Rhodes (2011), unsurprisingly, found that while almost all (92.8%) of IPV victims utilized law enforcement as a resource, only a little more than half (62.3%) felt that this resource made them feel safer. In fact, in this study, law enforcement was the only service in which the proportion of participants expressing interest in the service was not highest among those who had used the service in the past (Dichter & Rhodes, 2011). This fact argues that negative experiences with law enforcement discourage victims from utilizing law enforcement as a resource for IPV, proving that changes must be made at this level in order to encourage victims to report IPV to law enforcement officials.

**Legal services.** Similar to law enforcement, legal services are another need of IPV victims who are going through the criminal justice process. Dichter and Rhodes (2011) report



that only 42.2% of IPV victims have utilized these services, but 57.9% would be interested in using them. While this interest statistic seems somewhat low, it is unsurprising, considering that only those victims who report IPV to law enforcement would feel the need to utilize legal services, and IPV is often under-reported to law enforcement (Wolf et al., 2003). Most social services that are directly aimed at serving IPV victims often focus on the psychological aspects of abuse, and therefore may not possess a staff that is particularly knowledgeable about the legal system and how a victim should proceed. It is often best to provide victims with referrals to useful legal services in the area.

**Domestic violence shelters.** As mentioned, most short-term and crisis intervention needs are met by domestic violence shelters. As the name suggests, one of the most significant services that a domestic violence shelter provides is a place for IPV victims to live temporarily. According to Dichter and Rhodes (2011), only 24.8% of IPV victims utilize shelter services, but only a few more (29.9%) reported being interested in using these services. Despite a somewhat low interest, 38% of victims still stated that they believed domestic violence shelters would help them feel safer. Because many IPV victims face homelessness as a result of leaving their relationship (Netto et al., 2009), shelters are still an important resource for victims. IPV victims may wish to find more permanent housing; however, and may find domestic violence shelters disempowering, as they often instill stricter rules upon their clients than if the clients were living on their own. Many services aimed directly at IPV victims (such as domestic violence shelters) are also stigmatized, and therefore may be less sought out by IPV victims than other, peripheral services (Dichter & Rhodes, 2011). While domestic violence shelters are a need for many IPV victims, they are not accessible to all victims.

***Substance abuse.*** One population that may have difficulty in receiving domestic violence shelter services is victims of substance abuse. Many shelters deny services to victims who are suffering from substance abuse issues (Schumacher & Holt, 2012). Reasons for denial of services to substance abusers vary, but two main reasons that shelters do not serve victims who fall into this category are a concern of safety for other residents and a lack of economic resources to properly assist all of the needs of these clients (Schumacker & Holt, 2012). Almost half (42%) of women in domestic violence shelters are estimated to be substance users (Bennett & Lawson, 1994 as cited in Poole, Greaves, Jategaonkar, Mccullough, & Chabot, 2008). Denying shelter services to victims who are substance users may increase their feelings of hopelessness, powerlessness, and fear (Poole et al., 2008). This also decreases their ability to receive services, which may increase their likelihood of experiencing future violence (Poole et al., 2008).

Because many shelters lack the funding needed to accommodate clients who suffer from substance abuse issues, coordinated services may be the most practical solution to this issue. While integrated programs require domestic violence services and substance abuse services to combine into one cohesive program, coordinated services would involve domestic violence shelters working closely with, yet separate from, a substance abuse program (Schumacher & Holt, 2012). The two groups work in close relation to each other and are easily able to share ideas and methods of treatment with one another, in order to best meet the needs of their clients. Specialists in each service area (domestic violence and substance abuse) could focus on their own area of expertise, without needing specialized training on the aspect which they are less familiar with. While integrated programs are ideal in terms of positive results and effectiveness, coordinated programs are easier, cheaper, and more practical than integrated programs (Schumacher & Holt, 2012).

**Older adults.** Similar to victims who are suffering from substance abuse issues, older victims of domestic violence may find it difficult to receive domestic violence services as well (Lundy & Grossman, 2009). In some cases, older victims may simply be discouraged from seeking domestic violence services because many current services are aimed at younger victims (Lundy & Grossman, 2009). They may also be less likely to seek services on their own, due to cultural and generational differences in the definition and understanding of domestic violence (Lundy & Grossman, 2009). In other cases; however, older victims may be denied shelter services because they may suffer certain disabilities and may be unable to properly care for themselves (Lundy & Grossman, 2009). Due to a lack of funding, knowledgeable staff, and resources, many domestic violence shelters are forced to turn away victims who cannot properly care for themselves on their own (Lundy & Grossman, 2009). Older victims also face other specific needs, such as knowledge of pensions and social security benefits, walker and wheelchair access, and easy access to medications and medical resources at the shelter (Lundy & Grossman, 2009). Many shelters cannot provide these services, due to a lack of funding and staff knowledge (Lundy & Grossman, 2009). Discouraging or denying services to older IPV victims puts these victims at a disadvantage for receiving services and may make them more vulnerable to IPV.

The best way to combat this service gap is through education, both of the staff and of victims. A staff that is knowledgeable in pensions, social security benefits, medications, and caring for residents with disabilities may make receiving services much easier and more accessible for older IPV victims. Local shelters could also educate older victims on what domestic violence looks like, in order to help them gain a better understanding of the issue. Older victims of IPV may also benefit from support groups that involve both younger and older victims



of IPV (Lundy & Grossman, 2009). These support groups may help bridge the generational gap in perspectives of IPV and, therefore, may help bridge the generational gap in services as well.

*Victims with pets.* Another concern for victims considering entering domestic violence shelters is their pets (Hardesty, Khaw, Ridgeway, Weber, & Miles, 2013). While children often affect decision-making when entering shelter, most shelters are accommodating to this fact and provide the necessary resources to allow victims to bring their children into shelter with them. Many shelters do not; however, offer this same accommodation to victims' pets (Hardesty et al., 2013). This may lead victims to experience an internal conflict if they are emotionally attached to their pets. These victims may face leaving their pets when staying in a domestic violence shelter. In some situations of IPV, abusers may abuse a partner's pet as a method of coercive control (Hardesty et al., 2013). This is most common when victims are emotionally attached to their pets and use them as an important source of emotional support (Hardesty et al., 2013). Knowing how their partner treats the victim's pet may have a strong influence on a victim's decision to seek shelter. If a victim does not have a reliable home to relocate their pet to while they are gone, they may be reluctant to leave their pet behind with their abuser. Even if a victim does make the decision to leave their pet with their abuser in order to seek shelter for themselves, they are likely to experience anxiety and guilt over this decision, which may hinder their ability to fully thrive and recover while in the shelter (Hardesty et al., 2013).

Some domestic violence shelters have begun offering safe haven programs, which provide free and reliable housing for pets while victims stay in-shelter (Hardesty et al., 2013). Because many shelters regularly experience lacks in funding (National Network to End Domestic Violence, 2016), these safe haven programs may be hard to develop in many shelters. Even shelters that do offer this service find it difficult to make this service known to residents

(Hardesty et al., 2013). Employees at shelters that offer these services may benefit from training in how to properly, and sensitively, ask clients if they would find the safe haven program useful (Hardesty et al., 2013).

Even if domestic violence shelters do not have the financial resources to offer a safe haven program for their residents' pets, domestic violence shelters could collaborate with local animal shelters to house victim's pets during their stay. Shelters could easily arrange visits between residents and their pets, and not have the extra burden of providing for the pets, as well as their human clients. Offering a safe place for residents' pets to stay away from a victim's abuser would also help victims to fully recover more quickly, without the guilt and stress of worrying about the fate of their beloved pet (Hardesty et al., 2013).

**Domestic violence counseling.** Dichter and Rhodes (2011) found that only 38.6% of IPV victims utilized counseling services specifically directed toward domestic violence. 62.5%; however, listed these counseling services as a current need, 56.7% were interested in these services, and 56.6% believed that these services would help them to feel safer. Like domestic violence shelter services, domestic violence counseling services tend to be geared toward younger victims of IPV and older victims may be at a disadvantage at not only having access to services, but receiving services that are pertinent to their own specific needs (Lundy & Grossman, 2009).

As the Duluth Model points out, emotional abuse is an important component of IPV (Domestic Abuse Intervention Programs, n.d.). Abusers will destroy their victim's self-esteem and manipulate them into feeling guilty or unworthy or love (Domestic Abuse Intervention Programs, n.d.). Domestic violence counseling is crucial for IPV victims in addressing these issues and reversing the effects of emotional abuse.



**Employment assistance.** While Dichter and Rhodes (2011) found that only 54.2% of victims were currently utilizing employment assistance services, they also found that 69.7% were interested in receiving this service and 70.4% listed it as a current need. As the Duluth Model mentions, many abusers may use economic abuse as a form of power and control (Domestic Abuse Intervention Programs, n.d.). One aspect of this economic abuse may involve preventing the victim from obtaining or keeping a job (Domestic Abuse Intervention Programs, n.d.). This aspect of abuse may also suggest that the abuser is the sole source of income for the victim, using this economic leverage as a way to keep the victim in the abusive relationship. When the victim leaves the relationship, they are often left with little employment experience and, therefore, fewer employment opportunities. Employment assistance services can help IPV victims with limited employment opportunities find employment, become self-sufficient, and ultimately help keep them from returning to an abusive relationship.

### **Long-Term Needs**

For the purposes of this analysis, long-term needs for domestic violence victims include any needs that must still be met long after a victim has left a violent relationship. These needs are also not solely focused on the issue of domestic abuse, but peripheral issues that may be affected by IPV, such as mental health or financial issues. As the Duluth Model suggests, IPV affects many aspects of the victim's life outside of experiencing physical violence. While crisis-intervention is important in facing a victim's most critical needs, financial independence, a victim's relationship with his/her children, and a victim's self-esteem and self-image are greatly affected by IPV as well. In order to lead victims to a full recovery and to help them reach their fullest potential, all needs of IPV victims, both short and long-term, must be addressed. Unfortunately, many domestic violence shelters focus on crisis-intervention and do not place

enough focus on long-term, peripheral needs of their clients. This is most likely due to a lack of funds, staff, and resources to meet all needs of clients (National Network to End Domestic Violence, 2016). When faced with cuts in staff and funding, shelters must make the decision to cut programs and services as well, often only being able to address the most severe and prevalent issues (i.e. crisis intervention) of clients.

**Parenting services.** Dichter and Rhodes (2011) found that while 52% of IPV victims used childcare services, 58.9% of victims were interested in them and 57.1% listed them as a current need. As the Duluth Model points out, abusers may use children as a form of leverage in an abusive relationship by threatening to take them away or convincing the victim that CPS will take the children away if they report the abuse (Domestic Abuse Intervention Programs, n.d.). As Wolf and colleagues (2003) also pointed out, victims may be hesitant to contact police in regards to IPV, due to concerns of CPS taking their children away. Some victims may rely on their abuser for childcare, and may be unable to afford childcare otherwise, causing them to remain in an abusive relationship for the sake of their children. This is another way in which abusers may use children to control their victims and manipulate them into remaining in an abusive relationship. Access to affordable childcare may help victims by eliminating this concern when contemplating leaving an abusive relationship.

Dichter and Rhodes (2011) also explored the use of parenting education among IPV victims. They found that only about 30.2% of victims currently used this service, but that 50% were interested in using the service. Almost half of the study participants (47.4%) listed parenting education as a current need. This may suggest that while IPV victims may find this resource useful, many victims may have limited access to this resource. Use of this resource may

also help to alleviate the worry that many victims have of CPS taking their children away, due to IPV.

**Economic support.** Dichter and Rhodes (2011) found that more than half (61%) of IPV victims utilized financial assistance of some kind, but found that even more (76.6%) were interested in receiving this service. 76.1% listed this service as a current need and 64% said that they felt this service would help them feel safer. Because many abusers exhibit financial power and control over their victims, (Domestic Abuse Intervention Programs, n.d.) many victims may benefit greatly from receiving various types of financial assistance. This can help them establish their own financial independence, and may therefore help victims increase their confidence, self-esteem, and ability to rely on themselves. Receiving financial assistance outside of their abuser helps to eliminate one important element of power and control that abusers use against their victims.

As mentioned previously, many IPV victims face homelessness when leaving their abusers (Netto et al., 2009). While domestic violence shelters offer a safe place for victims to stay away from their abusers, these shelters are only temporary. When leaving shelter, victims are faced with having to provide their own housing. Failure to find housing may be detrimental to a victim's recovery, essentially forcing them to move back in with their abuser in order to obtain reliable housing. In Dichter and Rhodes' study (2011), only about half (49.4%) of IPV victims utilized housing assistance programs, but 75.3% of victims were interested in these services, with 75.2% listing this as a current need and 67.2% stating that they felt that this service would help them feel safer. Providing victims with adequate and affordable housing is crucial in helping them gain independence and break free of the cycle of abuse by allowing them to live and provide for themselves.



**Mental and behavioral healthcare.** Interestingly, despite the correlation between IPV victims and substance abusers (Bennett & Lawson, 1994 as cited in Poole et al., 2008), Dichter and Rhodes (2011) found that only 14.2% of IPV victims currently utilized substance abuse counseling programs, and only 19.3% were interested in these services. Similarly, only 19.7% of victims listed drug and/or alcohol counseling as a current need. This statistic represents a little less than half of IPV victims who may actually be affected by substance abuse issues, (Bennett & Lawson, 1994 as cited in Poole et al., 2008) which may help to explain the seemingly low statistics. As with many other social services, providing IPV victims with accessible drug and/or alcohol abuse counseling can help them gain more control of their own life and increase their feelings of independence and self-sufficiency.

Anger and stress management is another important service that may be useful to IPV victims. A little over half (57.1%) of individuals in IPV relationships experience mutual violence, meaning that both partners act as perpetrators and victims at different times (Caetano et al., 2008). Because the role of victim and perpetrator may regularly switch in abusive relationships, individuals who may most identify as the victim in the relationship may be just as in need of anger management counseling as individuals who may identify as the perpetrator. Dichter & Rhodes (2011) found that 29.7% of IPV victims currently utilized anger management resources, while 35.9% utilized stress management resources. Significantly more individuals in each category were interested in using these services, however (57.3% and 77.6%, respectively). A little over half of participants also stated that these services would make them feel safer (53.5% for anger management and 62.5% for stress management). As with substance abuse counseling, stress and anger management resources may help IPV victims feel more in control of

their own lives and may help them develop healthier ways to cope with stress and anger, aside from physical violence and/or arguing.

As the Duluth Model illustrates, many aspects of an abusive relationship are mental and/or emotional (Domestic Abuse Intervention Programs, n.d.). Abusers may cause their victims to have a low self-worth, self-image, and self-esteem by constantly putting them down, calling them names, making them feeling guilty or humiliated, implying that they are less important because of their gender, and treating them like the abuser's personal servant (Domestic Abuse Intervention Programs, n.d.). Abusers may also isolate their victims, eliminating any other sort of emotional support that they may have. Abusers may also minimize a victim's feelings and blame them for things that are not their fault (Domestic Abuse Intervention Programs, n.d.). All of these types of abuse may contribute to a decreased mental health in the victim. The purpose of this type of abuse may be to make the victim feel that they do not deserve a healthy relationship, manipulating them into staying. One important way to help keep victims from returning to their previous abusive relationship, or engaging in a new one, is to use counseling and other mental health resources to increase a victim's self-esteem and self-worth, and decrease their feelings of guilt and self-blame in regards to their abusive relationship. It is important to emphasize that being a victim of IPV does not define a person's life, and counseling and other mental health services can help to empower IPV victims and encourage them to seek out healthy relationships.

According to Dichter and Rhodes (2011), 62.2% of IPV victims do utilize mental health services, but still more victims (71.4%) are interested in receiving this service. 70.7% of victims listed this as a current need, and 63% stated that this service would help them to feel safer.

**Medical care.** Because many abusive relationships do escalate to physical violence, many victims benefit from medical care services. Dichter and Rhodes (2011) found that almost



all (97.6%) of IPV victims used medical care services, and 87.8% were interested in them. 89.9% of victims listed these services as a current need and 76.9% said that these services would help them feel safer. In this study, medical care showed a higher use, interest, need, and expectation of feeling of safety than any other resource for IPV victims. Because physical violence can cause disabilities and have lasting impacts on IPV victims, ensuring that IPV victims have access to some sort of medical is crucial in their ability to fully recover from their abusive relationship and reach their full potentials as survivors of IPV.

### **IPV Resources in Delaware County, Indiana**

Delaware County, Indiana, located in east-central Indiana, is the 14th most populous county in the state (as of 2010), with a population of 116,852 (as of 2015) (United States Census Bureau, n.d.a). There are many aspects of Delaware County that make it unique, such as it's home to Ball State University, a public university with a total enrollment of 16,602 students (both on and off-campus) during the 2015-2016 school year (Ball State University, 2016). Like many counties throughout the United States, Delaware County has particular strengths and weaknesses when providing resources for victims of IPV. Some of Delaware County's unique aspects, such as a 22.2% poverty rate and a high population of older adults (16% of population) (United States Census Bureau, n.d.a), may contribute to unique service needs for victims of IPV as well.

### **Delaware County, IN Demographics**

Delaware County, IN is a predominantly white community (89.2%) with a generally even gender divide (51.9% of residents are female) (United States Census Bureau, n.d.a). A majority of the population (23.6%) is between the ages of 45 and 64 years of age (Muncie-Delaware County, Indiana Economic Development Alliance, 2014). 20.1% of the population is between the

ages of 18 and 24 and 21.4% is between the ages of 25 and 44 (Muncie-Delaware County, Indiana Economic Development Alliance, 2014). The second most populous race in Delaware County is African American, (7.1% of the population) which is still almost half the national rate (13.2%) (United States Census Bureau, n.d.a).

As previously mentioned, Delaware County has a 22.2% poverty rate, which is higher than the national average (14.8%) (United States Census Bureau, n.d.a). The rate of individuals with disabilities in Delaware County is 12.9%, which is also slightly higher than the national average (8.5%). Similarly, individuals under the age of 65 in Delaware County without health insurance is 16.4%, also higher than the national average of 12%.

Many aspects of a community can influence the needs of its residents, including cultural differences, socioeconomic differences, gender differences, and age differences. Delaware County varies in many ways from the national “average,” and these variances may play a large role in the needs of its residents, especially in regards to IPV victims.

### **Specific Needs for IPV Victims in Delaware County, IN**

There are many unique aspects of Delaware County and its residents that suggest specific needs for victims of IPV. Many of these unique aspects may put more individuals at-risk for IPV, so creating resources that are easily accessible to these individuals is important in decreasing the rates of IPV throughout the county.

**Older adults.** One important example of this is Delaware County’s higher population of older adults. As mentioned, many current domestic violence services, specifically shelters, are geared toward younger victims (Lundy & Grossman, 2009). Because Delaware County has a higher population of older adults in general, the County also likely has a high rate of older victims of IPV. Older IPV victims may not receive shelter services for a variety of reasons

(Lundy & Grossman, 2009). Many older victims may suffer from certain physical disabilities, making caring for themselves difficult or even impossible (Lundy & Grossman, 2009). Due to lack of funding and/or knowledgeable staff; however, IPV victims with severe disabilities may not be allowed to stay in domestic violence shelters, which leaves many older victims at risk. All older victims of IPV in Delaware County, including those with physical disabilities, should have access to emergency and shelter services.

**Individuals with disabilities.** In addition to the older adult population in Delaware County, the population of disabled individuals in Delaware County under the age of 65 is also higher than the national average (12.9% vs. 8.5%) (United States Census Bureau, n.d.a). Women with disabilities experience abuse at twice the rate of women without disabilities (Brodwin & Siu, 2007). With this in mind, a community like Delaware County (with an increased disabled population) must consider this population when creating resources for IPV victims. These individuals have similar shelter needs to older adults in that individuals with severe mental or physical disabilities may need assistance in caring for themselves. A lack of being able to care for oneself independently may increase the feeling of dependence that a disabled individual has toward their abuser. This may increase the abuser's power and control over the victim, making the victim's ability and decision to leave the relationship more difficult. A disabled victim may be more likely to believe that he/she cannot survive without his/her partner, due to this dependence. Shelters in Delaware County should be able to serve severely disabled clients, due to the higher-than-average rates of both older adults and disabled individuals in the county.

**Poverty.** Delaware County also has a higher-than-average poverty rate when compared to the rest of the United States (United States Census Bureau, n.d.a). This leaves many individuals vulnerable to IPV, as economic abuse is one way in which abusers often exert power and control



over their victims (Domestic Abuse Intervention Programs, n.d.). Financial abuse may make victims feel as though they cannot provide for themselves without their partner. Abusers often use the victim's feelings of financial dependence to manipulate victims into staying in the relationship. Additionally, correlations have been found between poverty and domestic violence (Hetling & Zhang, 2010). The direction of this relationship is uncertain, however. Victims in poverty may feel trapped in their relationships, with few resources available to them to escape (Hetling & Zhang, 2010). This sense of isolation that already exists may contribute to IPV. Conversely, poverty may be a result of IPV as well (Hetling & Zhang, 2010). Victims who may have previously been of a higher socioeconomic status may escape from IPV relationships with very few financial resources, perhaps because they had to quit their job or their abuser took control of all of their assets.

Because the poverty rate in Delaware County is somewhat higher than the rest of the United States, IPV resources and related resources need to be sensitive to issues of poverty. Domestic violence shelters in Delaware County should be sure to make clients aware of local economic resources and government programs (such as unemployment benefits, Temporary Assistance for Needy Families (TANF), and WIC). Additionally, staff should also ensure that clients know how to apply for these benefits and provide clients with assistance in the application process, if needed. A higher-than-average poverty rate should also encourage shelters to work more with clients on finding affordable housing and sustainable employment when they exit shelter. Helping IPV victims gain financial independence may help to empower them and keep them from returning to their previous abusive relationship or engaging in a new one.

**Lack of health insurance.** In addition to a higher-than-average population of disabled and impoverished individuals, Delaware County also has less residents covered by health

insurance than the United States average (United States Census Bureau, n.d.a). A lack of a victim's health insurance may also contribute to financial abuse, as a victim without health insurance may rely on their partner to help them cover medical costs. This is also a serious concern for victims regarding the physical aspects of abuse. Even after a physical altercation, victims without insurance may be forced to remain in their abusive relationship, due to financial dependence or financial control of the abuser. With this in mind, Delaware County and domestic violence resources in the county should place a particular focus on assisting IPV victims in obtaining health insurance.

**Drug and alcohol dependence.** Another area of concern for Delaware County is a slightly higher rate of drug and alcohol dependence than the national average (Substance Abuse and Mental Health Services Administration (SAMHSA), 2012; SAMHSA, 2014). Delaware County's rate of illicit drug or alcohol dependence and/or abuse is 9.32% of the population, while the national average is 8.16% (SAMHSA, 2012; SAMHSA, 2014). As previously mentioned, 42% of in-shelter IPV victims suffer from some sort of substance abuse issue (Bennett & Lawson, 1994 as cited in Poole et al., 2008). Given this information, Delaware County should be sensitive to the needs of IPV victims who may also be suffering from substance abuse issues. As previously discussed, many domestic violence shelters do not provide residential services to victims who have substance abuse issues, due to general shortages in staff and funding (Schumacher & Holt, 2012). IPV victims in Delaware County need to have access to substance abuse services, whether directly through services targeted to domestic violence victims or through referrals and/or coordinated services.

**Available Resources for IPV Victims in Delaware County, IN**

There are many resources available for victims of IPV in Delaware County, from homeless and domestic violence shelters, to victim advocates and pro-bono legal services, to housing and staffing agencies. While some of these resources are geared directly toward victims of IPV, others help fulfill the peripheral needs of IPV victims, such as legal, housing, and employment assistance.

**Domestic violence shelters.** Based on my professional understanding of local service agencies, one significant resource available to IPV victims in Delaware County is A Better Way, a domestic violence shelter located in the hub of Delaware County; Muncie, IN. While A Better Way's most notable service is its residential shelter for victims of IPV, A Better Way offers many other community services. As a part of their shelter service, A Better Way offers a 24-hour crisis line that provides support for not only victims of IPV, but also victims of sexual assault, and individuals who may be depressed, suicidal, or suffering from substance abuse issues (A Better Way, n.d.a). Clients may stay in shelter at A Better Way for up to 45 days and the shelter can accommodate up to 25 individuals at a time (A Better Way, n.d.b). As I have observed in my professional experiences with A Better Way, the shelter cannot house IPV victims who are disabled to the point of being unable to care for themselves independently, due to a lack of staff and resources available to care for these individuals. A Better Way does, however, offer shelter services to male victims, as well as female victims. A Better Way also offers transportation, case management services, proper referrals and domestic abuse education services to clients (A Better Way, n.d.b). A Better Way also offers legal services in the form of victim advocates, who may accompany clients to court and assist them in completing protective orders (A Better Way, n.d.b). They also offer some mental health services in the forms of support groups that take place



twice a week and provide clients with information regarding domestic violence, general life skills, support systems, and empowerment (A Better Way, n.d.b). A Better Way also offers a transitional housing program to residents, giving them a safe place to stay once their 45 days in shelter are completed (A Better Way, n.d.b).

**Homeless shelters.** In addition to A Better Way, the YWCA of Muncie, IN also offers residential services to women and their children (YWCA: East Central Indiana Region, n.d.a). YWCA of Muncie, IN works to empower clients and help them transition into “self-sustainable housing” (YWCA: East Central Indiana Region, n.d.a). The YWCA of Muncie, IN offers short-term, long-term, and emergency shelter services for homeless women (YWCA: East Central Indiana Region, n.d.b). The YWCA of Muncie, IN offers many services to its clients through partnerships throughout the local community. These include education resources such as parenting education, job skills training, and GED courses. The YWCA of Muncie, IN also includes mental health resources, such as domestic violence support groups and anger management classes (YWCA: East Central Indiana Region, n.d.b).

Bridges Community Services is another housing resource located in Muncie, IN. Bridges offers an emergency shelter for homeless families, a 12-month transitional housing program, and low-income rentals to help clients find more permanent housing (Bridges Community Services Inc., n.d.). Bridges also offers parenting and budgeting classes to help educate and empower families (Bridges Community Services Inc., n.d.).

Muncie Mission is a faith-based shelter targeted toward homeless men, which may be a very useful resource for male victims of domestic violence (Muncie Mission Ministries Inc., n.d.b). Muncie Mission offers short-term shelter services, in addition to a year-long addiction recovery program (Muncie Mission Ministries Inc., n.d.b). Muncie Mission also provides

assistance to families in need of food, clothing, other household items, and general financial assistance (Muncie Mission Ministries, n.d.a).

Project Stepping Stone is another service in Muncie, IN that offers transitional housing to low-income families (Lutheran Church of the Cross, n.d.). This program is run through a partnership with local churches.

**Legal services.** Delaware County offers many legal service options for victims of all crimes, including IPV. These include resources that can be utilized throughout the entire criminal justice process, from a victim's first interaction with law enforcement, to assistance throughout the judicial process, to victim notification if the abuser is arrested or released.

The first interaction that many victims of IPV have with the legal system is through law enforcement officers. Luckily for victims, the Muncie Police Department has a Domestic Violence Unit, which provides specialized services to victims of IPV (Muncie Police Department, n.d.). In addition to providing educational resources for the general community, the Muncie Police Department Domestic Violence Unit works closely with the prosecutor's office to help bring abusers to trial and ensure that IPV cases are progressing promptly through the judicial system (Muncie Police Department, n.d.a).

While the Domestic Violence Unit works closely with the prosecutor's office to ensure that IPV cases are properly processed, the Delaware County Victim Advocate Program works directly with victims of IPV in multiple ways to assist them through their entire journey throughout the criminal justice process (Muncie Police Department, n.d.b). Delaware County Victim Advocates provide outreach to victims of crime in Muncie and Delaware County to ensure them of their rights and inform them of the many services that the Victim Advocate Program can offer them (Muncie Police Department, n.d.b). The Victim Advocate Program

provides victims with educational information regarding IPV and may assist them in creating a safety plan to help them escape their abusive relationship (Muncie Police Department, n.d.b). Additionally, the Victim Advocate Program assists victims in filing protective orders against their abusers, and informs and helps victims in the application process for other helpful programs in Indiana, such as the Victim's Compensation Fund or the Confidential Address Program through the Attorney General (Muncie Police Department, n.d.b). Victim advocates also help keep victims informed of any progress or changes to their cases, as well as encouraging victim involvement in cases. Victim advocates inform victims of upcoming court dates for their offender's case, and may also accompany the victims to these hearings and trials to provide a sense of protection and emotional support (Muncie Police Department, n.d.b). Victim advocates may also act as a liaison between victims and the Delaware County Prosecutor's Office, informing victims of any updated information from the prosecutor, scheduling meetings between the victim and the prosecutor, and assisting victims in completing victim impact statements, which are used to help the judge determine a proper sentence for their offender (Muncie Police Department, n.d.b). The Victim Advocate Program also provides IPV victims with referrals for helpful community resources for needs that cannot be met by their agency (Muncie Police Department, n.d.b).

As previously mentioned, A Better Way also offers advocacy and court accompaniment services to IPV victims through their programs (A Better Way, n.d.b). Two of Muncie's public libraries also offer free legal aid on the first and third Tuesdays of every month (Muncie Public Library, n.d.).

**Financial assistance.** As mentioned previously, Delaware County offers multiple resources in the forms of transitional housing for families and individuals experiencing financial



hardships. Families in need of financial assistance may also need help paying bills, and buying food and baby supplies.

The WIC (Women, Infants, and Children) Program is a statewide program which provides money in the form of a check that mothers can use to purchase food for themselves and their children (Open Door Health Services, n.d.d). There are also many food pantries available in the Muncie and Delaware County area. Delaware County offers at least three open food pantries each day of the week (except for Sunday) for families and individuals suffering from food insecurity (Edible Muncie, 2016). Additionally, Delaware County offers six different programs which offer meals throughout the week to families in need of nutritional assistance; Harvest Soup Kitchen, Muncie Mission, Blood-N-Fire, Westminster Bread Basket, Grace Episcopal Church, and Covenant Partners Ministries (Edible Muncie, 2016).

**Employment assistance.** Work One is a program that serves many counties in Indiana, including Delaware County. Work One offers many services for individuals seeking employment, both through assisting individuals in finding jobs, and providing information and trainings to clients (Work One: Eastern Indiana, n.d.). Work One may; help individuals obtain National Career Readiness Certificates, provide individuals with assessments to help them understand what they need to do to get a job that they want, and provide individuals with employment-related counseling and/or career counseling (Work One, n.d.). Work One may also provide individuals with assistance in creating an effective resume, information regarding training programs, and information regarding job trends (Work One, n.d.). Work One also provides free computer labs and internet services to individuals for job search purposes (Work One, n.d.). Work One also offers training services to individuals, such as generalized adult education, including math and computer skills (Work One, n.d.). Work One also offers more

specialized training, such as job readiness training and occupational skills training for specific jobs (Work One, n.d.).

Staffmark and Spherion, nationwide employment agencies, also have offices located in Muncie, IN (Delaware County Victim Advocate Program, n.d.a).

**Mental health services.** IPV victims may express various needs for mental health services. These may include domestic violence counseling, general counseling, drug rehabilitation services, or a combination of the three.

While residents of Delaware County can access nearby residential rehabilitation facilities in Madison and Marion Counties, no rehabilitation facilities could be found in Delaware County (Victim Advocate Program, n.d.; Aspire Indiana, n.d.). While not a residential facility, Perkins Counseling and Intervention, located in Yorktown, IN, helps provide intervention and rehabilitation services for individuals suffering from different kinds of addictions (Perkins Counseling & Intervention, n.d.). Aside from residential treatment facilities, substance abuse issues may be controlled through other mental health services, such as counseling.

As mentioned previously, A Better Way offers specific domestic violence counseling to clients (A Better Way, n.d.b). A Better Way also offers a support group for both residential and non-residential clients to discuss their experiences and help IPV victims realize that they are not alone in their experiences (A Better Way, n.d.b). A variety of counseling and psychological services (e.g., Meridian Services, Aspire Services) are available throughout Delaware County, specifically in Muncie. Some of these are offered through faith-based organizations, such as Christian Counseling Services and Union Chapel Ministries, both located in Muncie, IN (Delaware County Victim Advocate Program, n.d.b).

One major mental health service in Delaware County is Meridian Health Services in Muncie (Delaware County Victim Advocate Program, n.d.b). Meridian offers a wide array of mental health services, including therapy and counseling; psychiatric services; children, family, and senior mental health services; outpatient addiction services; community-based programs; and general skill building programs (Meridian Health Services, n.d.a).

Open Door Health Services is a viable option for many families and individuals who may not be able to receive health services elsewhere. Open Door Health Services is a not-for-profit health center that provides primary, urgent, and preventive health care to individuals, regardless of their health insurance status (Open Door Health Services, n.d.a). Open Door Health Services also offers behavioral health care to patients in need (Open Door Health Services, n.d.b). Open Door Health Services offers services for many different conditions that victims of IPV may suffer from, such as depression, anxiety, sleeping difficulties, substance abuse, post-traumatic stress disorder (PTSD), and pregnancy and postpartum issues (Open Door Health Services, n.d.b). Additionally, Open Door Health Services offers services specifically geared toward victims of IPV (Open Door Health Services, n.d.b).

Delaware County offers a variety of different mental health service options to help best fit the needs of all individuals in need of services. While many of these services are more generalized, domestic violence shelters in Delaware County (mainly A Better Way) offer counseling directly geared towards victims of IPV (A Better Way, n.d.b).

**Medical services.** In addition to behavioral health, Meridian Health Services offers physical health services in Delaware County as well. Meridian provides “whole person” health, meaning that they examine the physical, mental, and social components of a patient to determine their overall health (Meridian Health Services, n.d.b). One division of Meridian Health Services



is Meridian Women's Health, which offers health services specifically targeted toward women, such as gynecological services, pregnancy care, contraceptive counseling, and menopause counseling (Meridian Women's Health, n.d.). Because females tend to be victims of IPV violence more often than males (National Coalition Against Domestic Violence, n.d.), health services geared specifically toward women may prove to be extremely beneficial to IPV victims as a whole.

Open Door Health Services also offers physical health care, in addition to their previously mentioned mental health care, to individuals and families who may find it financially difficult to receive health services elsewhere, due to a lack of insurance (Open Door Health Services, n.d.c). Open Door Health Services offers adult healthcare services, women's health services (including breast exams, mammograms, pap smears, and elements of female reproductive health), prenatal services, and urgent care services (Open Door Health Services, n.d.c).

**Parenting services.** Parenting services may encompass different types of services, such as parenting education classes and childcare assistance. Because many abusers may use guilt regarding children as a form of power and control over their partners, access to quality parenting services is important in helping IPV victims remove themselves from their abusers (Domestic Abuse Intervention Programs, n.d.).

One example of why an IPV victim may remain in their abusive relationship is because they cannot afford childcare, and they rely on their partner to care for their children while they work. Access to affordable childcare for the victim helps to eliminate this reason for staying and may give victims some of the necessary resources to leave their abusive relationship. The Child Care and Development Fund (CCDF) is a program available all throughout the United States to

help low-income families obtain child care (Family and Social Services Administration, n.d.). Indiana also provides Paths to Quality, a child care database which can be used to help parents find childcare services that will meet their specific needs, including financial (Paths to Quality, n.d.). Paths to Quality also provides a rating system for childcare agencies, rating agencies on a scale from one to four (Paths to Quality, n.d.). This state-wide rating system helps to make quality programs more affordable for families by using CCDF reimbursement based on an agency's ranking (Paths to Quality, n.d.).

As previously mentioned, some homeless shelters in Delaware County, such as the YWCA and Bridges Community Services offer parenting classes to clients to help empower them and help clients to gain independence (YWCA: East Central Indiana Region, n.d.b; Bridges Community Services Inc., n.d.).

### **Suggestions to Service Improvements for IPV Victims in Delaware County, IN**

Like the general public, many of Delaware County's services directed specifically toward IPV victims tend to be directed toward the stereotyped majority of victims: young, white females. While A Better Way can, and does, offer services to men and older adults, a majority of their clients between 2014 and 2015 were females between the ages of 25 and 35 years old (A Better Way, 2015). A Better Way also does not have the resources necessary to care for victims who cannot take care of themselves independently, leaving many IPV victims vulnerable and without proper services. Specific shelters should be set up for individuals with disabilities and/or older individuals. These shelters could then coordinate their services with A Better Way in order to meet all of the needs of any IPV victims who may be seeking their services.

Similarly, A Better Way cannot provide services to victims suffering from addiction, due to a lack of financial resources and knowledgeable staff. A Better Way, and other shelter

services, should provide coordinated services to individuals who may be in crucial need of more than one service, such as substance abuse treatment and domestic violence shelter services. While inpatient services would be ideal for victims of substance abuse (Tiet, Ilgen, Byrnes, Harris, & Finney, 2007), coordinated services between a shelter and an outpatient program would meet the needs of these individuals.

Delaware County seems to be aware and attentive to the issue of poverty in the community. Delaware County offers many services, such as homeless shelters, food pantries, and financial assistance in order to assist IPV victims (and other individuals) who may be facing poverty. Additionally, Delaware County also provides multiple mental and medical healthcare options to accommodate for their lower rate of individuals with health insurance.

As previously discussed, the Duluth Model notes the role of economic abuse in IPV (Domestic Abuse Intervention Programs, n.d.). Serving IPV victims in poverty and with other financial needs (such as shelter) is a crucial part of serving IPV victims, as many lack financial independence as a result of abuse. The Duluth Model also emphasizes the use of power and control (Domestic Abuse Intervention Programs, n.d.). Victims who may already face a lack of control and powerlessness outside of their relationships (such as older adults, individuals with disabilities, and individuals suffering from substance abuse) should be considered when creating resources for IPV victims, as these populations are more likely to be victimized, due to their levels of powerlessness in greater society.

### **IPV Resources in Elkhart County, IN**

Elkhart County is located in northern Indiana and includes cities such as Elkhart, Goshen, Nappanee, Middlebury, Wakarusa, Bristol, and Millersburg. Elkhart County has a population of 203,474 (as of 2015) (United States Census Bureau, n.d.b). Elkhart County is the home to



Goshen College, a private, liberal arts, mennonite college located in Goshen, IN. Goshen College's enrollment for the Fall 2014 semester was 640 full-time and 55 part-time undergraduate students (Horst, 2014). Elkhart County also has the 8th highest Amish population, based on percentage, in Indiana, with 3.2% of its residents identifying as Amish (Manns, 2012).

### **Elkhart County, Indiana demographics**

Elkhart County is a predominantly white community (89.7%), with a significant hispanic/latino population (15.1%) (United States Census Bureau, n.d.b). Almost 30% (27.9%) of Elkhart County's population is under the age of 18 years old.

Elkhart County has slightly more disabled residents than the national average (9.9% vs. 8.5%) (United States Census Bureau, n.d.b). More Elkhart County residents are living without health insurance than the national average as well (21.8% vs. 12%) (United States Census Bureau, n.d.). Slightly less Elkhart County residents are experiencing poverty than the national average (13.9% vs. 14.8%) (United States Census Bureau, n.d.b).

Multiple aspects of Elkhart County may influence the needs of its residents who are victims of IPV. These aspects may include religion, age, race, and gender.

### **Specific Needs for IPV Victims in Elkhart County, IN**

There are many unique aspects of Elkhart County that suggest specific needs for victims of IPV. Among these are an increase Latio/Hispanic population, a young population, and their Amish population. Generational and cultural differences of these groups may contribute to differences in service needs among IPV victims in this community.

**Latino/Hispanic population.** Bilingual services should be made more readily available, due to Elkhart County's significant latino/hispanic population. Additionally, cultural aspects of IPV, including gender roles, should be considered by IPV services in this community, due to the

heightened latino/hispanic population as well. Minorities (including latino/hispanic individuals) may be at a heightened risk for IPV, due to isolation and language barriers, which may impede them from seeking or receiving services (Domestic Violence & Child Advocacy Center, n.d.).

**Young population.** Elkhart County also has a very young population, meaning that IPV services should be easily accessible to and understood by a younger generation of victims. This may involve increasing community involvement through education to educate the younger population on what IPV is and what signs individuals should be looking for to know if they or someone they know is a victim of IPV.

**Drug and Alcohol Dependence.** Elkhart County also has slightly higher rates of alcohol abuse and/or dependence than the national average (6.84% vs. 6.5%) (SAMHSA, 2012; SAMHSA, 2014). Additionally, slightly more Elkhart County residents than the national average are in need of alcohol abuse treatment, but are not receiving it (6.53% vs. 6.2%) (SAMHSA, 2012; SAMHSA, 2014). These aspects of the Elkhart County population should be considered when examining specific needs of IPV victims in Elkhart County, especially because 42% of IPV victims in shelters are believed to have substance abuse issues, (Bennett & Lawson, 1994 as cited in Poole et al., 2008) showing a relationship between the two social issues.

**Amish population.** Religion should also be considered when examining the needs of IPV victims in Elkhart County. The Elkhart County Amish population must be considered when exploring possible resources, because Amish families may not be able to access all of the same resources as the general public, due to religious restrictions. Needs of Amish IPV victims need to be met in a way that does not impede on their religious beliefs and pose a risk on a person's social standing if they choose to seek services. Distributors of IPV services in this county should also be sensitive to the specific needs and lifestyles of the Amish community.

**Available Resources for IPV Victims in Elkhart County, IN**

As previously mentioned, IPV victims have a variety of needs, both directly related to IPV (such as counseling, legal services, and shelter) and indirectly related to IPV (such as parenting education, child care, and financial assistance). Elkhart County offers a variety of services to assist IPV victims in gaining independence, becoming self-sufficient, and, most importantly, removing themselves from their violent relationships.

**Domestic violence shelters.** Elkhart County is home to the Elkhart Safe Haven, which is the county's only domestic violence shelter (Office of the Prosecuting Attorney for Elkhart County, n.d.a). Elkhart Safe Haven can house 40 residents at a time, including both parents and children, leaving many potential IPV victims vulnerable, given the 203,474-person population of Elkhart County (Vandenack, 2015; United States Census Bureau, n.d.b).

**Homeless shelters.** Faith Mission is one emergency shelter available in Elkhart County (Faith Mission of Elkhart, Inc., n.d.a). Faith Mission is open to homeless men, women, and children who have no outstanding warrants, are able to physically and mentally care for themselves, and are not under the influence of drugs or alcohol (Faith Mission of Elkhart, Inc., n.d.a). Residents of Faith Mission can enjoy meals, referrals to other necessary services, transportation to other services and places of employment, and even employment opportunities with Faith Mission itself (Faith Mission of Elkhart, Inc., n.d.b). Once in shelter, residents of Faith Mission can choose to follow 1 (or more) of 4 possible tracks, all aimed toward helping residents live their best and most fulfilling lives (Faith Mission of Elkhart, Inc., n.d.c). The emergency track is designed for individuals and/or families in need of emergency housing and is available to residents who are staying in-shelter for 30 days or less (Faith Mission of Elkhart, Inc., n.d.c). The goals track is designed to help in-shelter clients develop skills to break the cycle



of homelessness and is available to residents staying in the shelter for more than 30 days (Faith Mission of Elkhart, Inc., n.d.c). This track works closely with other community agencies, which residents may be referred to for assistance (Faith Mission of Elkhart, Inc., n.d.c). The discipleship track is very similar to the goals track, in that it aims to help residents gain the skills necessary to break the cycle of homelessness (Faith Mission of Elkhart, Inc., n.d.c). This track differs, however, in that it is faith-based and also aims to help residents build a strong foundation in their faith (Faith Mission of Elkhart, Inc., n.d.c). The final available track for residents to follow is the shepherding track, which is a special needs track, specifically designed to meet the needs of individuals and families who need more than the regular time allotted in shelter through the other track options (Faith Mission of Elkhart, Inc., n.d.c).

Another homeless shelter in Elkhart County that victims of IPV may find useful is Goshen Interfaith Hospitality Network, located in Goshen (East Goshen Mennonite Church, n.d.). The Goshen Interfaith Hospitality Network is not one single homeless shelter, but a program that works with local churches to host homeless families on different given weeks (East Goshen Mennonite Church, n.d.). Residents spend the night in the various locations, and can then spend their days at the Goshen Interfaith Hospitality Network Day Center (East Goshen Mennonite Church, n.d.).

**Legal services.** Similar to Delaware County, Elkhart County has a victim assistance program available to victims of IPV (Office of the Prosecuting Attorney for Elkhart County, n.d.b). The Victim Assistance program in Elkhart County is a free service to victims that provides referrals to necessary services, information and guidance regarding the criminal justice system, and someone to simply listen to a victim's problems when they feel they have nowhere else to turn (Office of the Prosecuting Attorney for Elkhart County, n.d.b). The Elkhart County

Victim Assistance program also helps victims file protective orders, apply for violent crime compensation, sign up for notification of offender release, and obtain special 911 emergency cell phones (Office of the Prosecuting Attorney for Elkhart County, n.d.b). The Victim Assistance program also provides IPV victims (and other crime victims) with an accompaniment to the hospital, police station, or court, if need be (Office of the Prosecuting Attorney for Elkhart County, n.d.a).

In addition to the Elkhart County Victim Assistance program, the YWCA also offers legal assistance to victims of IPV (YWCA North Central Indiana, n.d.b). The YWCA offers legal advocacy to IPV victims, as well as assistance in obtaining protective orders (YWCA North Central Indiana, n.d.b).

**Financial assistance.** Just like Delaware County, residents of Elkhart County have access to WIC. New moms, pregnant women, and their children can access WIC services from the Elkhart County Health Department, which has locations in Elkhart and Goshen (Elkhart County Health Department, n.d.).

Elkhart County offers a variety of food pantries to assist individuals who may be experiencing food insecurity. Elkhart County has 11 food pantries in Elkhart, 1 in Bristol, 4 in Goshen, 1 in Middlebury, and 2 in Nappanee (Truth Staff, 2011). Many of these pantries are run through local churches (Truth Staff, 2011). In addition to its 19 available food pantries, Elkhart County also has 6 different resources available throughout Elkhart and Goshen to serve hot meals to individuals and families in need (Truth Staff, 2011).

In addition to nutritional assistance for needy families, Elkhart County also offers six different services to assist needy families and individuals in obtaining affordable or donated clothing (Truth Staff, 2011). Church Community Services, Nappanee's Open Door, and the

Salvation Armies of Elkhart and Goshen all offer utility assistance to needy families and individuals (Truth Staff, 2011). Guidance Ministries and The Window also offer laundry facilities to homeless families (Truth Staff, 2011). The Window also offers bus tokens to families in need of transportation (Truth Staff, 2011).

**Employment assistance.** Many of the same services that assist with financial needs for families and individuals also offer local employment assistance services. For instance, Guidance Ministries offers educational programs to Elkhart County residents, such as computer classes, resume writing classes, and interviewing skills classes (Truth Staff, 2011). Additionally, The Window offers computers to assist individuals in receiving their GEDs and attending online college courses (Truth Staff, 2011).

Similar to Delaware County, Elkhart County has a Work One program as well (Work One: Northern Indiana, n.d.). Work One of Northern Indiana, which has an office located in Elkhart, helps individuals find jobs, create resumes, explore different careers, and research the job market (Work One: Northern Indiana, n.d.). Work One is offered as a free resources to residents of Northern Indiana (Work One: Northern Indiana, n.d.). Elkhart County, like Delaware County, is also home to a Spherion office (Spherion, n.d.).

**Mental health services.** The YWCA of North Central Indiana offers the Healing Pathways Domestic Violence Program to Elkhart County victims of IPV, which includes non-residential domestic violence counseling (YWCA North Central Indiana, n.d.a).

The Center for Problem Resolution, with locations in both Goshen and Elkhart, offers many mental health services targeted toward both IPV victims and abusers (Center for Problem Resolution, n.d.a). The Center for Problem Resolution offers two different Batterers Intervention Programs; a general program, and a program targeted specifically toward female abusers (Center



for Problem Resolution, n.d.a). These batterers intervention programs are based upon the Duluth Model, which has been previously discussed in this examination. The Center for Problem Resolution offers a third batterers intervention program that is targeted toward hispanic partners, and discusses cultural diversity and its relationship to US laws regarding IPV (Center for Problem Resolution, n.d.a). This third intervention program is extremely important to include in a community which is home to a significant latino/hispanic population. The Center for Problem Resolution also offers a dual-track program, which combines their batterers intervention program and their intensive outpatient program for substance abuse (discussed below), for individuals who may experience both substance abuse and IPV (Center for Problem Resolution, n.d.a). The Center for Problem Resolution also offers general anger management classes, which teach participants how to deal with anger in healthy ways (Center for Problem Resolution, n.d.a).

Individuals suffering from substance abuse issues have multiple treatment options in Elkhart County. Guidance Ministries, which houses many other services, offers addiction recovery services as well (Truth Staff, 2011).

The Center for Problem Resolution also offers various services for substance abuse issues (Center for Problem Resolution, n.d.b). The Center for Problem Resolution offers alcohol and drug education classes for individuals who are not yet dependent on alcohol and/or drugs (Center for Problem Resolution, n.d.b). For individuals who are suffering from addiction, however, the Center for Problem Resolution offers an eight-week, intensive outpatient program, with continuing care after completion of this program (Center for Problem Resolution, n.d.b). Additionally, the Center for Problem Resolution also offers a Hispanic outpatient and education program, led by a bilingual staff and targeted toward the Latino/Hispanic population (Center for Problem Resolution, n.d.b). The Center for Problem Resolution also offers a relapse prevention

program for individuals who have gone through the intensive outpatient program and need help staying on track with their sobriety (Center for Problem Resolution, n.d.b).

Oaklawn, which has locations in both Elkhart and Goshen, offers an intensive outpatient program for substance abusers, as well as a specialized outpatient program specifically targeted toward women (Oaklawn, n.d.c). Beyond intensive outpatient programs for substance abusers, Oaklawn also offers continuing care, which provides relapse prevention education and continued support and monitoring for previous substance abusers (Oaklawn, n.d.c). Oaklawn offers services on ability-to-pay scales, making them a very useful mental health resource for uninsured or low-income families (Oaklawn, n.d.c). Similar to Delaware County, Elkhart County does not offer any inpatient treatment facilities for addiction, however, individuals in need of these services can obtain inpatient care from neighboring counties, if they have the means to do so.

In addition to substance abuse services, Oaklawn also offers inpatient services and intensive outpatient care for individuals with serious mental health needs (Oaklawn, n.d.a). Oaklawn also offers individual and group counseling, evaluations, and help with medications for psychiatric issues (Oaklawn, n.d.a).

As a part of its mental health services, Oaklawn offers specialized services to members of the Amish community in Elkhart County (Oaklawn, n.d.b). Residential facilities for Amish clients are managed and staffed by members of the Amish community (Oaklawn, n.d.b). This program also features group therapy and educational programs which are taught in Pennsylvania Dutch, the first language of many members of the Amish community (Oaklawn, n.d.b). This program also offers “devotional experiences” each morning and evening to residents, in order to accommodate their religious needs (Oaklawn, n.d.b).

**Medical services.** Elkhart County is the home to two main hospitals; Elkhart General Hospital and IU Health Goshen Hospital. Both hospitals offer a variety of general health services, including emergency services (IU Health Goshen Hospital & Physicians, n.d.; Elkhart General Hospital, n.d.).

The Center for Healing & Hope provides affordable and accessible healthcare to uninsured individuals throughout Elkhart County (Center for Healing & Hope, n.d.a). The Center for Healing & Hope offers a walk-in, urgent care clinic to patients, with a flat \$40 fee to see a doctor and a sliding fee discount available to qualified patients (Center for Healing & Hope, n.d.b). The Center for Healing & Hope also connects patients to advocates, who can assist them in finding primary care doctors for ongoing care, if necessary (Center for Healing & Hope, n.d.b).

The Heart City Health Center, located in Elkhart, offers sliding scale medical services to residents of Elkhart County who may find paying for health care difficult (Heart City Health Center, n.d.b). Services include physical exams, gynecological testing, management of chronic illnesses, vaccinations, and family planning (Heart City Health Center, n.d.a).

Another available medical resource for Elkhart County residents is Nappanee's Family Christian Development Center (Truth Staff, 2011). The Family Christian Development Center offers a medicine aid program for prescriptions, prescription aid, and a baby check program that includes free vaccinations for infants (Truth Staff, 2011).

**Parenting services.** CAPS (Child Abuse Prevention Services) is a program in Elkhart that offers many resources and programs to help educate parents and reduce child abuse rates in Elkhart County (CAPS, n.d.a). One of these programs is Healthy Families (CAPS, n.d.b). Healthy Families assists parents of newborns by offering support and information about what to



expect in regards to development of their new baby (CAPS, n.d.b). Healthy Families offers participating families their own support specialist, who makes home visits to families to provide them with information, encouragement, and support (CAPS, n.d.b). These support workers educate parents on recognizing their child's needs and balancing them with the parent's needs, how to create a safe environment for their child, and what parents should expect as their child grows and develops (CAPS, n.d.b). Support workers also provide mothers and families with community referrals (CAPS, n.d.b).

Another program that CAPS offers to families is Positive Parenting parenting classes (CAPS, n.d.d). These classes teach parents to promote positive behaviors in their children, reduce power struggles between them and their children, encourage responsibility from children, apply consequences to their children, and control stress (CAPS, n.d.d). These courses consist of ten sessions and are available in both English and Spanish (CAPS, n.d.d).

A third program provided by CAPS to parents is Parent Aide (CAPS, n.d.c). Parent Aide is a family support service, similar to the Healthy Families service, but geared toward parents of slightly older children (CAPS, n.d.c). Parent aides conduct home visits with parents and teach parents to be more loving and responsible toward their children (CAPS, n.d.c). Parent aides may educate parents on the developmental needs of their children, provide encouragement to parents, model appropriate parenting techniques for parents, and provide parents with referrals to other helpful resources for them and their family (CAPS, n.d.c).

For childcare services, Elkhart County residents have access to the Paths of Quality childcare database (Paths to Quality, n.d.). As mentioned previously, Paths to Quality helps Indiana families search for affordable childcare in their area that can meet all of their needs (Paths to Quality, n.d.).

**Suggestions for Service Improvements for IPV Victims in Elkhart County, IN**

One major gap in services in Elkhart County is a lack of domestic violence shelters. Elkhart County has a population of 203,474, and only one domestic violence shelter with 40 beds to service the entire county. Because Elkhart County has such a large population of young people as well, Elkhart County should offer more IPV education programs to educate young people on what IPV is and what signs to look for to know if one is a victim of IPV.

This seems to be the only major gap in services, however. Many services in Elkhart County, especially CAPS and the Center for Problem Resolution, seem to be very sensitive to the cultural needs of Elkhart County residents. This is exemplified by the existence of services directly targeted toward the latino/hispanic population in Elkhart County. Oaklawn, as well, is culturally sensitive to the population of Elkhart County, as exemplified in their services specialized toward the Amish population. More services targeted toward this population may be useful, however. The Amish population tends to be isolated from society, which may make obtaining services outside of the community difficult, so available services must be sensitive to this and make their services easily approachable and accessible for this community.

Elkhart County, like Delaware County, also does not have any inpatient treatment centers for individuals suffering from addiction. While the Center for Problem Resolution offers an intensive outpatient program, as well as continuing care and a relapse prevention program, and inpatient program for individuals suffering from addiction would be ideal (Center for Problem Resolution, n.d.b; Tiet et al., 2007).

As the Duluth Model suggests, isolation is a key component in maintaining power and control over IPV victims (Domestic Abuse Intervention Programs, n.d.). With high Amish and Latino/Hispanic populations, Elkhart County resources must reach out to IPV victims and ensure

them that they are not alone, as these two groups tend to be isolated from greater society. Young individuals are at a higher risk for IPV than older individuals (Cummings, Gonzalez-Guarda, Sandoval, 2012), making Elkhart County's younger population a risk factor. Younger individuals may be at a higher risk for IPV because they may not be financially independent or stable when entering a relationship, as they may just be beginning their adult lives and/or careers. This lack of independence and/or stability may make it easier for an abuser to manipulate and control them, in accordance with the Duluth Model's idea of economic abuse (Domestic Abuse Intervention Programs, n.d.).

### **Comparing IPV Victim Needs and Available Resources in Elkhart County, IN and Delaware County, IN**

The needs of victims varies greatly between the two counties studied, due to differing demographics of the counties. Among these major differences are age, race, population size, poverty level, and substance abuse issues. Some aspects may act as protective factors for a county, while others may act as risk factors. All unique aspects, however, affect the needs of IPV victims in the community, and should, therefore, affect available services as well.

**Population size.** Another major difference between these two counties is the population size. Elkhart County has a significantly higher population than Delaware County, with 203,474 residents in Elkhart County and only 116,852 residents in Delaware County. While both of these counties house the same number of domestic violence shelters, this poses a much more significant issue for Elkhart County, because that one shelter must accommodate many more residents than the one shelter in Delaware County. Elkhart County should, understandably, have more and a larger variety of services, due to this increased population, but the amount of services available to IPV victims in each county seems to be about equal. This causes a great concern



regarding residents of Elkhart County, meaning that more individuals are expected to be accommodated by the same amount of services as Delaware County.

**Age.** Delaware County has a higher rate of older adults, while almost 30% of Elkhart County's residents are under the age of 18. This creates a large generational and cultural divide between the two counties. Due to the older population, Delaware County is more in need of domestic violence shelters that can house individuals with disabilities than Elkhart County. Delaware County must also be sensitive to this issue because of their heightened rate of individuals with disabilities, which Elkhart County also does not experience. Elkhart County, conversely, must provide more educational resources to its younger residents, in order to inform them of what IPV is and what signs to look for in abusive partners. Elkhart County may also face an overall increased rate of IPV because younger individuals are more at-risk of becoming victims of IPV (Cummings et al., 2012).

While both counties house colleges, Ball State University in Delaware County is much larger than Goshen College in Elkhart County. Ball State University students may not be listed as residents of Delaware County if they are attending school from another county, state, or country. With this considered, Delaware County also has a young population to consider when providing services to IPV victims.

**Substance abuse.** Both Delaware County and Elkhart County displayed increased rates of substance abuse when compared to the national average. While both counties house mental health services that provide intensive outpatient care for substance abusers, neither county houses an inpatient treatment program for substance abusers. Both counties could benefit from an inpatient treatment center for individuals suffering from substance abuse. Both counties could

also benefit from the use of coordinated programs to help IPV victims who also suffer from substance abuse issues.

**Race.** One consideration that Elkhart County must make that is not a concern for Delaware County is the cultural divide among residents. 15.1% of Elkhart County's population is Hispanic or Latino (United States Census, n.d.b), while only 12.9% of the population of Delaware County is non-white (United States Census, n.d.a). Services throughout Elkhart County must accommodate this minority population (and they do) by providing bi-lingual services and services that focus on the cultural divide between American and Latino cultures. While Delaware County services should still remain open and able to successfully provide services to its minority population, this is less of a concern for the Delaware County community because their minority population is much lower than that of Elkhart County.

**Religion/lifestyle.** Another unique aspect of Elkhart County is its Amish population. The Amish population exists, to an extent, outside of mainstream society and often must receive specialized services to accommodate their unique and modest lifestyle. Service providers in Elkhart County must be sensitive to this population and ensure that their services are accessible to members of this population, as well as the general population. If not, some services may have to develop specialized programs, targeted toward this population (such as the Amish services at Oaklawn). This is not a concern that Delaware County has to have for its residents, and therefore is not a service provided in Delaware County.

A difference in services between these two counties was the high amount of faith-based services in Elkhart County. While Delaware County houses many services funded by faith-based organizations as well, Elkhart County seemed to have many more, especially in regards to homeless shelter services and financial services. Elkhart County may be a more faith-centered

area than Delaware County, as exemplified by these services, their Mennonite college, and their Amish population. Faith based services may be one way that Elkhart County attempts to make services more available to Amish and generally more modest individuals, who may hesitate to accept public services from other revenues.

**Poverty rate.** Delaware County has a much higher poverty rate than Elkhart County (22.2% vs. 13.9%) (United States Census Bureau, n.d.a; United States Census Bureau, n.d.b). This must be taken into consideration when examining available services for this community. As mentioned previously, Elkhart County's lack of resources, given its increased population, is concerning, but this may be because Delaware County residents are more in need of services for impoverished individuals than Elkhart County residents. While services such as medical care and mental health care cross all socioeconomic divides in terms of need, shelter services, financial services, and any sort of sliding scale services are generally only needed (and used) by individuals in poverty. Elkhart County's lack of some of these services targeted toward individuals with a higher financial need may simply be due to a lack of need in the community, due to their lower poverty rates.

### **Conclusion**

While it may be easy to group all Indiana communities together, all communities are different, meaning that their residents face different needs. While this study only examined the needs of IPV victims in two Indiana counties, this concept can apply to almost any other social issue. While over 100 miles separate Delaware County, Indiana from Elkhart County, Indiana, the problem of IPV still persists. This issue, however, does not express itself in the same way in each of these communities. Delaware County must make special considerations for older victims and victims with disabilities, while Elkhart County must make special considerations for Amish



victims, younger victims, and Latino/Hispanic victims. Each community must make their own special considerations to their own unique populations, resulting in differing available services for IPV victims in each community. IPV victimization cannot, and should not, be generalized. This examination only further proves that to best meet the needs of victims, a community must not only understand the general victim, but must also be aware of its one unique aspects and their influences on residents. Then, and only then, can the needs of IPV victims in a community be properly met.

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